

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100824

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: LIFELINE HEALTH CARE OF NORTH FLORIDA, INC.

## Current Principal Place of Business:

1321 SOUTHEAST 25TH LOOP, STE 103  
OCALA, FL 34471

## New Principal Place of Business:

1501 U.S. HWY. 441  
1108  
THE VILLAGES, FL 32159

## Current Mailing Address:

600 CLIFTY STREET  
SOMERSET, KY 42503

## New Mailing Address:

FEI Number: 59-3551233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CFRA, LLC  
4221 WEST BOY SCOUT BLVD, 10TH FLOOR  
CORPORATE CENTER THREE AT INTL PLAZA  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: WILSON, JAMES T  
Address: 554 HWY. 790  
City-St-Zip: BRONSTON, KY 42518

Title: CEO ( ) Delete  
Name: WILSON, JAMES T  
Address: 554 HWY. 790  
City-St-Zip: BRONSTON, KY 42518

Title: DST ( ) Delete  
Name: WEDDLE, RICHARD DR.  
Address: 208 COLLEGE  
City-St-Zip: SOMERSET, KY 42501

Title: DP ( ) Delete  
Name: FRAZER, JAMES M  
Address: 7 STONEHEDGE DRIVE  
City-St-Zip: MONTICELLO, KY 42633

Title: D ( ) Delete  
Name: SINCLAIR, KEITH  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CC (X) Change ( ) Addition  
Name: WILSON, JAMES T  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: D (X) Change ( ) Addition  
Name: RUDDEN, SHARON  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: D (X) Change ( ) Addition  
Name: WEDDLE, RICHARD DR.  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: DP (X) Change ( ) Addition  
Name: FRAZER, JAMES M  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HURST, LAWRENCE  
Address: 600 CLIFTY STREET  
City-St-Zip: SOMERSET, KY 42503

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FRAZER

DP

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date